



APPLICATION FOR PERMIT TO TRANSFER OYSTERS, SHELLFISH, MARINE INVERTEBRATES, CULTCH AND EQUIPMENT

Please complete this form.

APPLICANT INFORMATION

Company Name _____
Applicant Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Alt. Phone _____ Fax _____
Email _____

Is this application for renewal?

☐ Yes ☐ No If YES, previous permit number: _____

Were these oysters, shellfish, or invertebrates from stock imported from out of state within the previous five years?

☐ Yes ☐ No If YES, previous permit number: _____

Species proposed for transfer? ☐ See attached list for complete species listings

Quantity	Common Name	Latin Name	Life Stage	
_____	_____	_____	<input type="checkbox"/> Adult	<input type="checkbox"/> Seed
_____	_____	_____	<input type="checkbox"/> Larvae	<input type="checkbox"/> Cultch
_____	_____	_____	<input type="checkbox"/> Adult	<input type="checkbox"/> Seed
_____	_____	_____	<input type="checkbox"/> Larvae	<input type="checkbox"/> Cultch
_____	_____	_____	<input type="checkbox"/> Adult	<input type="checkbox"/> Seed
_____	_____	_____	<input type="checkbox"/> Larvae	<input type="checkbox"/> Cultch
_____	_____	_____	<input type="checkbox"/> Adult	<input type="checkbox"/> Seed
_____	_____	_____	<input type="checkbox"/> Larvae	<input type="checkbox"/> Cultch

Description of all equipment including vessel name(s), registration number(s), and license plate number(s) of road vehicle(s):

Property FROM which applicant desires to make transfer?

Please list the general area (for example, Dabob Bay, Carr Inlet) and the specific location, including name, address, and telephone number of beach or upland owner(s) if different from applicant's name.

Property TO which applicant desires to make transfer?

Please indicate off-loading area(s) if different from final destination. Please list the general area (for example, Dabob Bay, Carr Inlet) and the specific location, including name, address, and telephone number of beach or upland owner(s) if different from applicant's name.

Purpose of transfer?

Please indicate if shellfish will be transferred to opening house, growing area, seeding area, etc. Also indicate special details or comments concerning transfer methods and all intermediate transfer points.

Is this transfer being made to create a new (previously non-existing) shellfish bed?

☐ Yes ☐ No

Will shell be returned to marine waters?

☐ Yes ☐ No If YES, where? _____

Dates of transfer:

Beginning: _____ Ending: _____

Please complete this from, with **SIGNATURE** and **DATE**, and return to:

Brady Blake
Washington Department of Fish and Wildlife
Point Whitney Shellfish Laboratory
1000 Point Whitney Road
Brinnon WA 98320
Email: Brady.Blake@dfw.wa.gov
(360) 586-1498 ext. 223
Fax (360) 586-8408

Signature of applicant

Date of application

Any questions regarding the completion of this application should be directed to the Point Whitney Shellfish Laboratory. The applicant may be required to provide additional information to receive a WDFW Shellfish Transfer Permit.

RCW 77.60.060 and WAC 220-72-073 require all transfers to be accompanied by a permit issued by the Director of Fish and Wildlife or his agent.